

S.T.A.R. Registration Form

Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, KY 40601  
Toll Free: 888-847-7222 Fax: 502-564-0212

Name:	Date of Birth:
Address:	Primary Email:
City and Zip Code:	County:
Personal Phone:	Other Phone:
Employer:	Employer Phone:
Session Date and Time Requested:	
Special Needs:	
For Group Registrations, list employees below.      Large groups may request a private class.	
ABC License Numbers:	

Include this form along with payment. Credit card payments can be made by filling out the form below. We also accept check or money order made out to the Kentucky State Treasurer, which should be mailed to the above address. Cash is not accepted. **Pre-payment is required for admittance.** Classes may be canceled prior to the schedule date. Registration fee is nonrefundable unless class is canceled.

Credit Card Type:
Credit Card Number:
Expiration Date:
Name as appears on card:
Signature:

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